

215037874
60617

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 207	Agency Case No. B5-086267	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/17/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1147	POLICE NOTIFIED 1149	09/17/2015
B 87	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. SUMNER/ S.70-KINGSTON		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 2	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
13.00				X	S.70	
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 3	R2 2	R3 1	R4 1	S. PEDESTRIAN CLASSIFICATION CODES
				S1 01	S2 1	S3 1
				S4 1	S5-a 09	S5-b 09
				S6-a 1	S6-b 1	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	A02004036			STATE (Of License)	NE
V1/N 5	DRIVER	DOW S CESSNA			PHONE	4024889251
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP 5915 SUMNER ST, LINCOLN, NE 68506			DATE OF BIRTH (MM / DD / YYYY)	12/30/1951
G 2	OWNER	HNSA RENTALS LLC			PHONE	4024760386
V1/O 1	VEHICLE	2000	Make	Dodge	MODEL	150
V2/O	VEHICLE ID NO. (VIN)	1B7HC16Y1YS564673			INSURANCE COMPANY	EMPLOYERS MUTUAL CAS CO
I 1	DRIVER LICENSE NO.				STATE (Of License)	NE
V1/P 1	DRIVER				PHONE	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
J 05	OWNER				PHONE	
V1/Q 4	LICENSE PLATE NO.	RPZ931			YEAR (Plate Expires)	2016
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K 02	VEHICLE ID NO. (VIN)	1B7HC16Y1YS564673			INSURANCE COMPANY	EMPLOYERS MUTUAL CAS CO
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
0	JOE W WISEMAN	6721 'L' ST#333, LINCOLN, NE 68510			04/17/1929	18 01 3 2 M
VEH. #	NAME	ADDRESS			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			EMS SERVICE NAME	EMS RUN REPORT NO.
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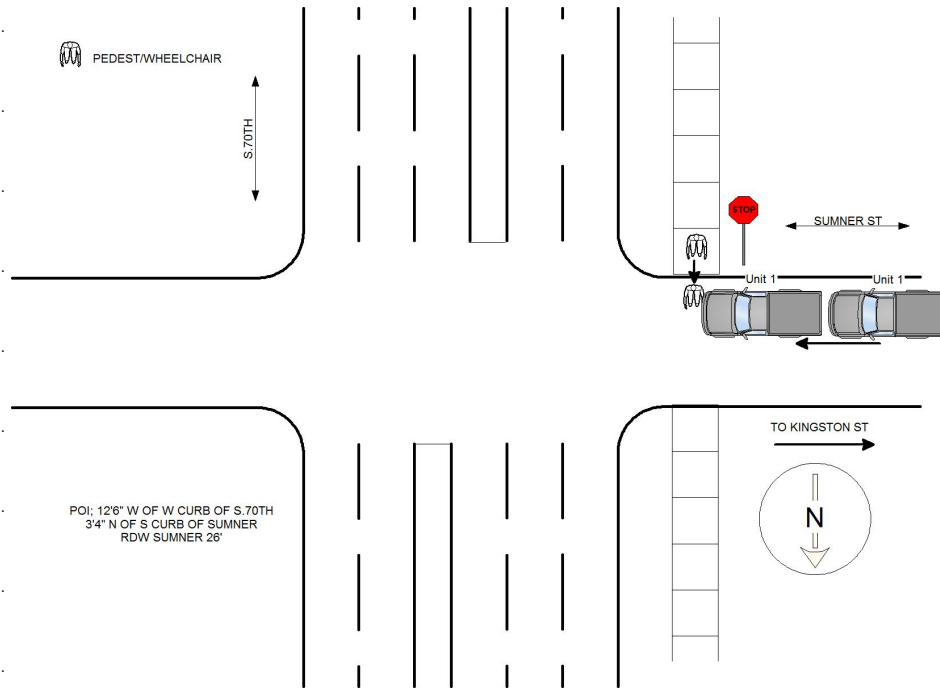
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086267



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh #1 was stopped at stop sign on SW corner of S.70th/ 'L'st facing E bound. Driver of veh#1 on Sumner/ Kingston-S.70th along S curb. There was heavy traffic going N-S bound along S.70th & road construction along N bound lanes of S.70th in the inside lane. Joe Wiseman was oper of electric/ motorized wheelchair traveling N bound along W side of S.70th on sidewalk approaching intersection of Sumner & stopped for traffic. Joe obs that traffic was traveling along S.70th & felt veh #1 was unable to enter traffic, so proceeded to cross Sumner on W side of S.70th to go N bound. As Joe entered crosswalk in front of veh #1, Driver of veh#1 proceeded to turn left, S bound, onto S.70th & struck Joe in Wheelchair & knocked him over. Driver est his speed at 2-4 mph. Driver of veh #1 didn't see Joe in the wheelchair until he struck him.

PROPERTY	OBJECT DAMAGED ELECT WHEEL CH	OWNER NAME JOE W WISEMAN	ADDRESS 6721 'L'ST #333, LINCOLN, NE 68510	PHONE 488-6721	APPROX. COST OF DAMAGE \$ 1000
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME BRENTT STOLLE				ADDRESS 3731 FAULKNER #107, LINCOLN, NE 68516
	NAME				ADDRESS
					PHONE 4026173045
					PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1		VEH 2				
1			X		SUMNER ST								1		1				
2													2		2				
1	05				06 Turning left				POINT OF IMPACT		02		POINT OF IMPACT						
2					07 Making U-turn				MOST DAMAGED AREA		02		MOST DAMAGED AREA						
				08 Entering traffic lane				00 None				02				03			
				09 Leaving traffic lane				09 Top & windows				01				04			
				10 Parked				10 Undercarriage				08				07			
				11 Slowing or stopped in traffic				11 Total (all areas)				06				05			
				12 Other				12 Other											
				13 Unknown															
OFFICER NO. 716				TROOP/ TEAM/ BEAT NE				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
INVESTIGATOR NAME (Print or Type) David Domeier				INVESTIGATOR SIGNATURE Approved by Officer David Domeier				DATE OF REPORT 09/17/2015											